DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 06/20/2006

Provider Inspection Summary

For the period 05/01/2003 to 04/30/2006 Adult Day Care Facility STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: MEMORY LANE ADULT DAY SERVICES (0009989)

Address: 622 10TH AVENUE WEST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 02/05/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0094490 End Date: 03/14/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009395 Served 04/13/2005

| | | <u>Compliance</u> | |
|-------------------|--|-------------------|-----------|
| Deficiencies Cite | ed Subject Area | <u>Veri fied</u> | Corrected |
| I.a.(1)(a) | PROGRAM-DEFINITION | | |
| I.c.(3) | PLAN-REVIEWED & UPDATED EVERY 6 MONTHS | | |
| II.a.(1) | PERSONNEL-STAFFING REPORTS | | |
| II.a.(2) | PERSONNEL-BACKGROUND VERIFICATION | | |
| II.d.(2) | TRAINING-ORIENTATION. | | |
| III.b.(5) | SAFETY-EMERGENCIES PLAN | | |
| III.c.(4) | FIRE ALARM & SMOKE DETECTORS | | |
| III.d.(5) | BUILDING-FURNITURE & EQUIPMENT | | |
| V.(2) | EVALUATION PROCESS | | |

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.